

Arkansas Administrative Statewide Information System

Purchase Requisition

Date _____	Doc Type _____	Plant _____	Storage Location _____
Contact Person _____	Requester ID _____		Bus Area _____
Phone Number _____		Tracking # _____	

Line #	Acct Assign	Item No/ Description/ Comments	Quantity	UOM	UOM Price	TOTAL
GL Account _____		Asset No. _____	Delivery Date _____			DFA Use Only: REQ # _____ PO# _____
Cost Center _____		Delivery Address _____				
Project/WBS _____		Invoice Address _____				
Internal Order _____		Suggested Vendor _____				

Line #	Acct Assign	Item No/ Description/ Comments	Quantity	UOM	UOM Price	TOTAL
GL Account _____		Asset No. _____	Delivery Date _____			DFA Use Only: REQ # _____ PO# _____
Cost Center _____		Delivery Address _____				
Project/WBS _____		Invoice Address _____				
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GL Account _____		Asset No. _____	Delivery Date _____			DFA Use Only: REQ # _____ PO# _____
Cost Center _____		Delivery Address _____				
Project/WBS _____		Invoice Address _____				
Internal Order _____		Suggested Vendor _____				

Authorized Signature _____

Date: _____